

Seek, Test, Treat and Retain for Vulnerable Populations: Data Harmonization Measure

Drug and Alcohol Use

Drug and Alcohol Measure

References:

- 1) Adapted from:
Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. & Monteiro, M.G. (2001). *AUDIT, The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. Second Edition. Geneva: World Health Organization.
- 2) Other relevant reference:
Knight, K., Simpson, D. D., & Hiller, M. L. (2002). Screening and referral for substance-abuse treatment in the criminal justice system. In C. G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of drug offenders: Policies and issues* (pp. 259-272).

Alcohol Use						
Items	Response Categories		Time Frame		Source	Comments
Screener						
How many times in the [Time Frame] have you used alcohol?	Continuous 1 to ∞		past year (before being locked up, if applicable) past six months past 30 days		modified from Smith et al. (see drug use screener item below)	
Additional Screeners						
Responses/Scoring						
1. How often do you have a drink containing alcohol?	0 Never	1 Monthly or less	2 2 to 4 times a month	3 2 to 3 times a week	4 4 or more times a week	World Health Organization/ NIAAA
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 1 or 2	1 3 or 4	2 5 or 6	3 7 to 9	4 10 or more	World Health Organization/ NIAAA
3. How often do you have 5 or more drinks on one occasion?***	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
4. How often during the last year have you found that you were not able to stop drinking once you had started?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
7. How often during the last Year have you had a feeling of guilt or remorse after drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
8. How often during the last Year have you been unable to remember what happened the night before because of your drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/ NIAAA
9. Have you or someone else been injured because of your drinking?	0 No		2 Yes, but not in the last year	4 Yes, during the last year		World Health Organization/ NIAAA
10.Has a relative, friend, doctor, or other health care worker	0 No		2 Yes, but not in the last year	4 Yes, during the last year		World Health Organization/

been concerned about your drinking or suggested you cut down?		NIAAA	
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***= In order to conform your data to WHO's validated version of AUDIT, please ask about 6 or more drinks a day.

Scoring—see WHO AUDIT Manual; 8 or more indicates hazardous and harmful alcohol use.

Drug Use				
Items	Response Categories	Time Frame	Source	Comments
How many times in the [Time Frame] have you used a drug for non-medical reasons?	Continuous 1 to ∞	past year past six months past 30 days	Smith et al., <i>Archives of Internal Medicine</i> , July 12, 2010, 1155-1160	
Specific Drugs				
How often did you use each type of drug during the [Time Frame]?		past year past six months past 30 days	Peters et al., <i>JSAT</i> , 2000, 349-358 (TCU Drug Screen)	
a. marijuana/hashish b. hallucinogens/LSD/PCP/psychedelics/mushrooms c. inhalants d. crack – injected e. crack/freebase – smoked f. cocaine alone (not crack) – injected g. cocaine alone (not crack) – sniffed/snorted h. heroin & cocaine (incl crack) together/speedball – injected i. heroin & cocaine (incl crack) together/speedball – sniffed/snorted j. heroin & cocaine (incl crack) together/speedball – smoked k. heroin alone – injected l. heroin alone – sniffed/snorted m. heroin alone – smoked n. street methadone (non-prescription) o. prescription (Vicodin, Oxycontin, Percocet, etc.) p. methamphetamines q. stimulants (amphetamines, Ritalin, concerta, Dexedrine, adderall, diet pills) r. tranquilizers/barbiturates/sedatives/ (downers) s. other (<i>specify</i>) _____	For each drug type: Never 0 About once a day 5 Only a few times 1 2 to 3 times/day, almost every day 6 1-3 times/month 2 4 to 9 times/day, almost every day 7 About once a week 3 10+ times/day, almost every day 8 2-5 times/week 4			

Drug Use

Items	Response Categories	Time Frame	Source	Comments
Severity Screeners				
During the [Time Frame]–		past year past six months past 30 days	TCU Drug Screen See Peters et al., <i>JSAT</i> , 2000, 349-358 for a discussion of the TCU Drug Screen	
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	yes/no			
2. Did you try to cut down on your drug use but were unable to do it?	yes/no			
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	yes/no			
4. Did you get so high or sick from drugs that it – a. kept you from doing work, going to school, or caring for children? b. caused an accident or put you or others in danger?	yes/no			
5. Did you spend less time at work, school, or with friends so that you could use drugs?	yes/no			
6. Did your drug use cause – a. emotional or psychological problems? b. problems with family, friends, work, or police? c. physical health or medical problems?	yes/no			
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	yes/no			
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	yes/no			
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	yes/no			

Give 1-point to each “yes” response to 1-9 (Questions 4 and 6 are worth one point each if a respondent answers “yes” to any portion). The total score can range from 0 to 9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis.

For those research projects that budgeted for biological markers such as urine screens, we could recommend a common UA test protocol such as the NIDA 5, a 10 panel, or 12 panel drug test, etc.